



State of Washington
Department of Washington
Unclaimed Property
PO Box 47477
Olympia WA 98504-7477

DEPARTMENT OF REVENUE
Unclaimed Property Section

BUSINESS AFFIDAVIT

RE: Unclaimed Property Account No.: _____

In the amount of \$ _____

I, _____, hereby affirm that I am employed by or am an
Print or Type Name

officer of _____

and am duly authorized to claim such funds as may be held by you.

And, in the event a superior claim is received and honored by the Department of Revenue, I will hold harmless the payer of the claim, and will return such funds as received under this claim.

Signature *Title Held*

Subscribed and sworn to before me this _____ day of _____, _____.
Day Month Year

Notary's Signature

Notary in and for the state of _____

My commission expires _____

If the Owner is a Business/Agency/Institution:

1. Copy the above format onto your company's letterhead.
2. Complete the form.
3. Have your signature notarized
4. Return the affidavit with your completed claim form to our office.

- OR -

If your company does not have letterhead, complete the affidavit and attach a copy of your business license or other documentation identifying your business as a legal entity. Have your signature notarized and return the affidavit with your completed claim form.



**Mail all affidavit(s) with the signed
and dated claim form(s) to:**

State of Washington
Department of Revenue
Unclaimed Property Section
PO Box 47477
Olympia, WA 98504-7477

Note: If your company has multiple claims, you may use one affidavit for all. Just state the total number of claims and the total dollar amount.

To inquire about the availability of this form in an alternate format for the visually impaired, please call (360) 753-3217. Teletype (TTY) users please call (800) 451-7985. You may also access tax information on our Internet home page at <http://dor.wa.gov>.